Gift to Agency Report	A Public De	ocument		GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	California 201
Governor's Office				Form OU
Division, Department, or Region	(if applicable)		1	For Official Use Only
Street Address				
State Capitol, Sacramento, CA	4 95814			
Area Code/Phone Number E-	mail	700-7	X Amendment (explain a	n comment section
(916) 445-0873			Amendment (explain)	
Agency Contact (name and title)			Date of Original Filing:	08 27 08 (month, day, year)
Dan Maguire, Deputy Legal Af	fairs Secretary			monni, day, year,
. Donor Name and Address			 	
□ Individual		☑ Other	GE c/o Universal Stu	dios Hollywood
Individual	First Name	N Office	N	lame
100 Universal City Plaza 5511			CA	91608
Address	City		State	Zip Code
	media, and financial services co		*	
If "Other" is marked, describe the entity's bus	siness activity (if business) or its nature and inte	erests.		
If applicable, identify the name of e	each source and the amount(s) solici	ted or receive	ed by the donor for this gi	ft:
	_			=
Name	Amount		Name	Amount
. Payment Information			304	
. rayment information	00/22/00		/40 04E)	
Date and Amount of Payment	(other than travel) 09/23/08 (month, day, year)	. \$	(18,345) (Round to whole dollars)	_
	(monun, day, year)		(Nound to whole dunins)	
Travel Payment Information (F	Round to whole dollars) Location of	Travel		
	_	_	_	
Date(s) of Travel Transpo	ortation Expenses S Lodging Expenses	SMeal Exp	enses Other Expense	s Total Expenses
	ion of the nature and use of			cy business:
GE previously paid Live Nation	for use of the Gibson Amphithe	atre for the F	Border Governors Con	ference on August 13
	inded to GE an overpayment of \$		Sorder Covernors Com	ciclice on August 10 -
Security Statistics (According to the Control of th	and a second se	•		
Identify the officials for wh	om the payment was used:			
not applicable				
Last Name	First Name	22-	Title	Department/Division
Last Name	First Name		Title	DepartmenVDivision
Verification			1931 - 1,2,2,2	
I have determined that it is in the in-	lerests of the agency to accept this g	gift and use it	for the official agency bu	siness described above.
\bigcirc 11		100 to 10		
SVI	Cupan Varrado	Object	of Cloff	10/20/8
Signature of Agency Head or Designee	Susan Kennedy Print Name	Cnief	of Staff	(0)(0)
Signature of Agency Fredo of Designee	Fina Mattie		ring	(топп, аву, уваг)
Comment: (Use this space or an atta	achment for any additional information.)			
		1228 60 STEE	275	
This form amends an August 2	7, 2008 filing that reported a pay	ment by GE	to Live Nation.	